



## Application Data Sheet

### Application Information

Application Number:: 10/643,546  
Filing Date:: 08/19/03  
Application Type:: Regular  
Subject Matter:: Utility  
Title:: COMBINATION THERAPY FOR HYPERPROLIFERATIVE DISEASE  
Attorney Docket Number:: PC23311A

### Inventor Information

Inventor Authority Type:: INVENTOR  
Primary Citizenship Country:: US  
Given Name:: Jitesh P.  
Family Name:: Jani  
City of Residence:: East Lyme  
State or Prov of Residence:: CT  
Country of Residence:: US  
Street:: 14 Cardinal Road  
City:: East Lyme  
State or Province:: CT  
Postal or Zip Code:: 06333  
Inventor Authority Type:: INVENTOR  
Primary Citizenship Country:: US  
Given Name:: Jean S.  
Family Name:: Beebe  
City of Residence:: Salem  
State or Prov of Residence:: CT  
Country of Residence:: US  
Street:: 383 Forsyth Road  
City:: Salem  
State or Province:: CT  
Postal or Zip Code:: 06420  
Inventor Authority Type:: INVENTOR  
Primary Citizenship Country:: US  
Given Name:: Tracey L.  
Family Name:: Schaeffer  
City of Residence:: Franklin  
State or Prov of Residence:: CT  
Country of Residence:: US  
Street:: 4 Hyde Park Road  
City:: Franklin

## Application Data Sheet

State or Province:: CT  
Postal or Zip Code:: 06254  
Inventor Authority Type:: INVENTOR  
Primary Citizenship Country:: US  
Given Name:: Diane I.  
Family Name:: Healey  
City of Residence:: Madison  
State or Prov of Residence:: CT  
Country of Residence:: US  
Street:: 38 Grouse Lane  
City:: Madison

State or Province:: CT  
Postal or Zip Code:: 06443  
Inventor Authority Type:: INVENTOR  
Primary Citizenship Country:: US  
Given Name:: Karen J.  
Family Name:: Ferrante  
City of Residence:: East Greenwich  
State or Prov of Residence:: RI  
Country of Residence:: US  
Street:: 150 Adirondack Drive  
City:: East Greenwich

State or Province:: RI  
Postal or Zip Code:: 02818  
Inventor Authority Type:: INVENTOR  
Primary Citizenship Country:: US  
Given Name:: James J.  
Family Name:: O'Leary  
City of Residence:: Mystic  
State or Prov of Residence:: CT  
Country of Residence:: US  
Street:: 195 High Meadow Lane  
City:: Mystic

State or Province:: CT  
Postal or Zip Code:: 06355

### Correspondence Information

Correspondence Customer Number:: 23913

### Representative Information

Representative Customer Number:: 23913

**Assignee Information**

Assignee Name:: Pfizer Inc